

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002794

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 244 Primary Registration District No. _____ Registrar's No. 43

FILED FEB 11 1963

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia | | c. CITY OR TOWN Sedalia | |
| Length of stay in 1b Lifetime | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Rest Home | | d. STREET ADDRESS (If outside, give location) 1301 East 4th | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|----------------------------------|---|--------------------------------------|
| 3. NAME OF DECEASED (Type or print) LOUISE MARY BINDER | | 4. DATE OF DEATH February 4, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/11/1899 |
| 9. AGE (last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | |
| 11. BIRTHPLACE (City and state or country) Sedalia, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry Binder | | 13b. MOTHER'S MAIDEN NAME Kate Klein | |
| 14. NAME OF HUSBAND OR WIFE None | | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. ***** | |
| 17. INFORMANT Helen Binder, Buena Vista Home, Sedalia, Missouri | | | |

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|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: Cerebral Apoplexy Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |

| | | | | |
|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from 12-4-62 to 2-4-63 and last saw her alive on 2-1-63 Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE Karl D. Gonsen MD | 22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo. | 22c. DATE SIGNED 2-5-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 2/6/1963 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| 23d. LOCATION (City, town, or county) Sedalia, Missouri | (State) | |

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| 24. FUNERAL DIRECTOR Edmund D. ... | 25. DATE RECD. BY LOCAL REG. February 6, 1963 | 26. REGISTRAR'S SIGNATURE Francis Shelby Per N. Anderson |
|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
0808
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.